MONTANA UI TAX ACH CREDITS
PAYMENT AND FILING INFORMATION

Welcome to the Montana Department of Labor & Industry Unemployment Insurance tax ACH Credit Program. This manual will help you get started.

GETTING STARTED
Most financial institutions already have an ACH Credit program in place for their customers and they will help you register with our program. They may not know that we accept Unemployment Insurance payments. Many of them already participate and know exactly what you need to do to complete your registration with us. If your financial institution does not have an ACH Credit Program please contact us and we will help them get started or send you information about our ACH Credit Program.

The last page of this document is our registration form. Please complete and return it to the Department of Labor and Industry, UI Contributions Bureau, P.O. Box 6339, Helena, MT 59604-6339. This will allow us to update our records with the most current contact information for your business.

PAYMENT
When you wish to pay your state UI taxes by ACH, you will instruct your bank to electronically withdraw funds from your account and transfer them to the Department of Labor & Industry. You will be required to tell the bank to pay your Unemployment Insurance tax and the date that you want funds to transfer.

DUE DATES
It is your responsibility to be familiar with your particular bank's practices to ensure payment is posted to our bank account timely. We will assess penalties and interest if you make electronic payments after the quarterly report due dates.

STATE BANKING INFORMATION
The State of Montana has contracted with U.S. Bank for ACH services. Your financial institution will transfer funds from your account to our account in U.S. Bank. To insure that the transaction is completed correctly, your financial institution will ask you where you want them to transfer your payments. The information below is critical to the ACH process. **Please give all of the following information to your financial institution.** Some financial institutions pre-load the numbers below in their computer files while others require you to enter all of it yourself each time you transfer. You will need to follow **their** instructions if you want your transfer to work properly. U. S. Bank requires ACH Credit transactions to follow standards developed by the National Automated Clearing House Association (NACHA).

Bank Information
Receiving Bank:	U.S. Bank- Helena Office
Address:	PO Box 1709
	Helena, MT 59624

ACH Coordinators:

Statewide	Patricia Freeman:	206-344-2258
Helena Office	Kim Spiroff:	406-447-5251

Important Account Number Information:
State's Routing & Transit Number: 092900383
Account Title: DLI Contributions Clearing Account
Account Number: **DLI156041206772**

Please note: the "DLI" <u>must</u> be included in the account number.

THE ACH CREDIT ENTRY DETAIL (Record 6) AND ADDENDA (Record 7) RECORDS ARE DESIGNED TO REPORT ONE TAX PAYMENT PER LINE.

SPECIFIC UI TAX ACH CREDIT TAXPAYER REQUIREMENTS
(The instructions below refer to Fields in the ACH tables included later.)

ENTRY DETAIL RECORD (RECORD 6)

INDIVIDUAL IDENTIFICATION (FIELD 7) - 15 characters required

Enter Taxpayer's State Customer ID Number – (7 digits, filled with leading zeros, to make 7 digits as shown in Example 2 below) and Legal Business Name (first 8 characters of name **all uppercase**). Do not add hyphens, commas or spaces between the employer number and business name.

Example 1.   Seven-digit Customer ID Number - 1122333 (8 characters of Business Name, **ALL UPPERCASE**) FIRSTAME

   Information entered as: 1122333FIRSTAME   (15 digits/characters total)

Example 2.   (Five digit Customer ID Number) –54321, (8 characters of Business Name, **ALL UPPERCASE)** FIRSTAME

   Information entered as: <u>**00**</u>54321FIRSTAME   (15 digits/characters)

Example 3. (Seven digit Customer ID Number) – 2233444, (six character Business Name, **ALL UPPERCASE)** TOPDOG

   Information entered as: 2233444TOPDOG__ (two spaces) (15 digits/characters)

The employer account number must be in position 1 through 7 of this field, using leading zero's if less than 7 digits

The Employer Business Name must be in position 8 through 15 of this field with trailing spaces if Business Name is less than 8 characters

RECEIVING COMPANY NAME (FIELD 8)
   Please enter your Legal Business Name Here   **(ALL LETTERS UPPERCASE)**

ADDENDA RECORD

PAYMENT RELATED INFORMATION (FIELD 3)
Montana follows the TXP Addendum Convention for placement of information in the free-form area of the addenda record.

TXP ADDENDUM CONVENTION
(Record 7)
Each "X" in the "Contents" column below represents a digit/character

Field Number	Field Name (Data Elements and Separators)	Min/Max Use	Contents
	Segment Identifier		TXP
	Separator		*
TXP01	Taxpayer Identification	15/15	XXXXXXXXXXXXXXX
	Separator		*
TXP02	Tax Type Code	5/5	XXXXX
	Separator		*
TXP03	Date	6/6	YYMMDD
	Separator		*
TXP04	Amount Type	1/1	X
	Separator		*
TXP05	Amount	1/10	$$$$$$$$cc
	Terminator		\

DESCRIPTION OF THE ADDENDA TXP RECORD FILES
AND
Specific Montana Requirements

Field Number	Description
TXP01	Taxpayer's State Customer ID Number *** and first 8 characters of Legal Business Name. Do not add hyphens, commas or spaces between the Customer ID number and Legal Name.

        Example - Customer ID Number 1122333, Legal Name - FIRSTAME
        Field would read 1122333FIRSTAME

The employer account number must be in position 1 through 7 of this field, using leading zero's if less than 7 digits

The Employer Business Name must be in position 8 through 15 of this field with trailing spaces if Business Name is less than 8 characters

TXP02   Indicates the type of payment being made. The field is always numeric.
        For Unemployment Insurance tax, the number is **13000**.

TXP03   The quarter ending date the payment is for in YYMMDD format. For example, payment for the January-March 2004 quarter is entered as 040331.

TXP04   Amount type "T" for tax.

TXP05   Dollar amount of State Unemployment Insurance tax being paid. Do not enter dollar signs, commas, or decimal points.

ENTRY DETAIL RECORD
(Record 6)

FIELD	1	2	3	4	5	6	7	8	9	10	11
Data Element Name	Record Type Code	Transaction Code	RDFI ID	Check Digit	DFI Account Number	Amount	ID Number	Receiving Company Name	Discretionary Data	Addenda Record Indicator	Trace Number
Field Inclusion Requirement	M	M	M	M	R	M	O	R	O	M	M
Contents	'6'	Numeric	TTTTAAAA	Numeric	Alphameric	$$$$$$$$cc	Alphameric	Alphameric	Alphameric	Numeric	Numeric
Length	1	2	8	1	17	10	15	22	2	1	15
Position	01-01	02-03	04-11	12-12	13-29	30-39	40-54	55-76	77-78	79-79	80-94

ADDENDA RECORD
Record 7

Field	1	2	3	4	5
Data Element Name	Record Type Code	Addenda Type Code	Payment Related Information	Addenda Sequence Number	Entry Detail Sequence Number
Field Inclusion Requirement	M	M	O	M	M
Contents	'7'	'05'	Alphameric	Numeric	Numeric
Length	1	2	80	4	7
Position	01-01	02-03	04-83	84-87	88-94

ELECTRONIC TAX REPORTING PROGRAM
REGISTRATION AND AUTHORIZATION FORM
UNEMPLOYMENT INSURANCE TAX PROGRAM

Transmitter Name:	
Employer Name:	
Employer Address:	

Cust ID (UI Acct #):	**Federal EIN:**

Transmitter Contact Information:

Contact Person:	**Phone Number:**
Fax Number:	**Email:**

ACH CREDIT ☐	*ACH Debit - Warp on The Web (WOW)* ☐

If you chose the UI Tax ACH debit program, you hereby authorize the Unemployment Insurance Contributions Bureau to initiate debit entries to the back account identified below on your behalf. These debits will pertain only to electronic funds transfer payments you initiate. This authority will remain in full force until you notify us in writing that you wish to terminate the Montana UI ACH Debit program.

THIS SECTION REQUIRED FOR ACH DEBIT FILERS ONLY	
Bank Name / Branch (or Street Address):	
Bank Routing Number:	**Bank Account Number:**
Name as Shown on Bank Account:	**Authorized Signature:**
Optional Information:	
Bank Contact Person:	**Bank Contact Phone:**

Complete this form and mail or fax to: **FAX: 406-444-0629**
Electronic Tax Reporting Unit   **April Rose: 406-444-6963**
Unemployment Insurance Tax Program
P.O. Box 6339
Helena MT 59604-6339